

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN

**COVER SHEET FOR AMENDMENTS**  
**Third Amendments**

Case Name: Graceway South Haven, LLC Case No.: 21-44888-lsg

**DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:**

- ☐ **Amendment to Petition:**  
☐ Name ☐ Debtor(s) Mailing Address ☐ Alias  
☐ Signature ☐ Complying with Order Directing the Filing of Official Form(s)
- ☐ **Summary of Your Assets and Liabilities and Certain Statistical Information**
- ☐ **Statement of Financial Affairs**
- ☒ **Schedules and List of Creditors:**  
☐ Schedule A/B  
☐ Schedule C ☐ Debtor 2 Schedule C  
☒ List of Creditors ☐ Schedule D ☒ Schedule E/F and  
☒ Add creditor(s), provide address of creditor already on the List of Creditors, change amount or classification of debt - **\$32.00 Fee Required**, or  
☒ Change address of a creditor already on the List of Creditors – **No Fee Required**
- ☐ Schedule G  
☐ Schedule H  
☐ Schedule I  
☐ Schedule J  
☐ Schedule J-2

**NOTE: Use Page 2 for any corrections or additions to the List of Creditors.**

<b>Additional Details of Amendment(s):</b> (1) <u>Corrected Addresses and Additions</u>	
<b>➡</b>	<b>DECLARATION OF ATTORNEY:</b> I declare that the above information contained on this cover sheet may be relied upon by the Clerk of the Court as a complete and accurate summary of the information contained in the documents attached.
Date <b>7/7/2021</b>	Signature <b>/s/ Lynn M. Brimer</b>
<b>➡</b>	<b>AFFIRMATION OF DEBTOR(S):</b> I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my knowledge, information and belief.
Date <b>7/7/2021</b>	Signature <b>/s/ Anthony Fischer, Jr.</b>

### CORRECTIONS TO THE LIST OF CREDITORS

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

ACM Senior Living

1001 Woodward Avenue

Floor 5, Suite 05A117

Detroit, MI 48226

**PLEASE CHANGE TO:**

ACM Senior Living

13228 Chestnut

Southgate, MI 48195

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

American Medical Response of MI

50 South Main Street

Suite 400

Akron, OH 44308

**PLEASE CHANGE TO:**

American Medical Response of MI

517 Division Ave S

Grand Rapids, MI 49503

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

Ashley Wallace Properties, LLC

1001 Woodward Ave.

Floor 5, Suite 05A128

Detroit, MI 48226

**PLEASE CHANGE TO:**

Ashley Wallace Properties, LLC

13228 Chestnut

Southgate, MI 48195

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

Bronson South Haven Hospital

P.O. Box 77000

Detroit, MI 48277-2000

**PLEASE CHANGE TO:**

Bronson South Haven Hospital

955 S Bailey Ave

South Haven, MI 49090

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

Brown & Bigelow

P.O. Box 1450 NW 8554

Minneapolis, MN 55485

**PLEASE CHANGE TO:**

Brown & Bigelow

345 Plato Blvd. E.

St. Paul, MN 55107

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

Midwest Food Equipment

P.O. Box 2805

Grand Rapids, MI 49501-2805

**PLEASE CHANGE TO:**

Midwest Food Equipment

3310 Redmond Ave

Kalamazoo, MI 49001

**PREVIOUS NAME/ADDRESS OF CREDITOR:**

Point Click Care

120 Corporate Woods, Ste. 250

Rochester, NY 14623

**PLEASE CHANGE TO:**

PointClickCare

120 Corporate Woods, Ste. 250

Rochester, NY 14623

### ADDITIONS TO THE LIST OF CREDITORS

Use this section to identify creditors added to the schedules and List of Creditors.

**NAME OF CREDITOR:**

**ADDRESS:**

See Attached Exhibit A

Exhibit A

Name	Address1	Address2	City	State	Zip
Ability Network Inc.	Butler Square, 100 N. 6th Street, Ste. 900A		Minneapolis	MN	55403
ADP	330 E. Kilbourn Ave.		Milwaukee	WI	53202
Alcaraz, Estefania	115 W. Arlington Street		Bangor	MI	49013
Alfieri, Ashley	08636 M 140		South Haven	MI	49090
Allred, Tammy M.	1080 West Lane		Benton Harbor	MI	49022
Bouquenoy, Jennifer S.	62569 M-43		Bangor	MI	49013
Burson, Jordan K.	67818 S. Ridgewood Drive		South Haven	MI	49090
Cooper, Ntozake	135 Apple Avenue		Benton Harbor	MI	49022
Corke, Stacey	PO Box 51		Grand Junction	MI	49056
Cotton, Glenda	2481 Kurt Road		Benton Harbor	MI	49022
Couwlier, Kristania L.	37075 Brynford Drive		Clinton Township	MI	48036
Cowell, Lila L.	16764 64th Street		South Haven	MI	49090
Cravens, Susan L.	319 Prospect Street		South Haven	MI	49090
Destanie Krugler	75641 16th Ave., Lot 30		South Haven	MI	49090
Diemer, Brenda S.	07681 60th Street		South Haven	MI	49090
Fischer, Anthony	13228 Chestnut		Southgate	MI	48195
Getman, SueAnn	726 Francis Street		South Haven	MI	49090
Goble, Erica R.	8940 Danneffel Road		Watervliet	MI	49098
Graham, Jennifer	2900 Cleveland Avenue		Saint Joseph	MI	49085
Gruppen, Ashley	1953 W. 32nd Street		Holland	MI	49423
Heartfield, Vernitria	848 Kalamazoo Street		South Haven	MI	49090
Huitt, Mikayla K.	68304 County Road 380		South Haven	MI	49090
Hurn, Bryce C.	13656 Deercreek Drive		South Haven	MI	49090
Jackson, Latrice M.	72300 Erika Way	#306	South Haven	MI	49090
Jackson, Pearlle	972 Colonial Drive		Benton Harbor	MI	49022
Jensen, Kay	01231 County Road 681		Grand Junction	MI	49056
Kroehler, Yvonne R.	41365 30th Street		Paw Paw	MI	49079
Lambert, Richard G.	3750 67th Street		South Haven	MI	49090
Little, Amber	14 W. Bernard Street		Hartford	MI	49057
Marshall, Darcie M.	2177 Ann Drive		Saint Joseph	MI	49085
Medrano-Calderon, Maria Del-Carmen	35921 66th Street		Bangor	MI	49013
Middleton, Jamie	75641 16th Avenue	#30	South Haven	MI	49090
Moore, Judy K.	1415 Greenhouse Road		Bangor	MI	49013

Exhibit A

Morrison, Maureen	219 66th Street	South Haven	MI	49090
Pate, Stephanie	509 Broadway Street	South Haven	MI	49090
Penny Kirby	483 North West Street	Coloma	MI	49038
Prewitt, Doretha	1010 6th Avenue	South Haven	MI	49090
Prim, Rhonda	8940 Danneffel Road	Watervliet	MI	49098
Raday, Kathryn A.	75641 16th Avenue	South Haven	MI	49090
Rawson, Rebecca	57917 Territorial Road	Lawrence	MI	49064
Reed, Aileen B.	3201 Baseline Road	South Haven	MI	49090
Rogers, Nicki J.	69159 M-43	South Haven	MI	49090
Rupczynski, Louise E.	53693 28th Avenue	Bangor	MI	49013
Shivers, Teja-Nae S.	2088 E. Empire Avenue	Benton Harbor	MI	49022
Sikes, Heaven R.	8940 Danneffel Road	Watervliet	MI	49098
Smith, Michelle L.	505 55th Street	Pullman	MI	49450
Steward, Nicole F.	76610 34th Avenue	Covert	MI	49043
Utle, Brittany N.	22 1/2 S. Center Street	Hartford	MI	49057
Ventura, Erika	56560 M-43	Bangor	MI	49013
Yancy, Jennifer J.	6119 Huron Street	Coloma	MI	49038-9432

**Fill in this information to identify the case:**Debtor name **Graceway South Haven, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF MICHIGAN**Case number (if known) **21-44888**
☒ Check if this is an amended filing
**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim      Priority amount

2.1 Priority creditor's name and mailing address

**Alcaraz, Estefania**  
**115 W. Arlington Street**  
**Bangor, MI 49013**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,096.00****\$2,096.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.2 Priority creditor's name and mailing address

**Alfieri, Ashley**  
**08636 M 140**  
**South Haven, MI 49090**

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,701.00****\$1,701.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.3	Priority creditor's name and mailing address <b>Allred, Tammy M.</b> <b>1080 West Lane</b> <b>Benton Harbor, MI 49022</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,600.00	\$5,600.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address <b>Bouquenoy, Jennifer S.</b> <b>62569 M-43</b> <b>Bangor, MI 49013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,760.00	\$1,760.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address <b>Burson, Jordan K.</b> <b>67818 S. Ridgewood Drive</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,232.00	\$1,232.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address <b>Cooper, Ntozake</b> <b>135 Apple Avenue</b> <b>Benton Harbor, MI 49022</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$496.00	\$496.00
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Wages</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Graceway South Haven, LLC**

Case number (if known)

**21-44888**

Name

2.7 Priority creditor's name and mailing address

**Corke, Stacey  
PO Box 51  
Grand Junction, MI 49056**

As of the petition filing date, the claim is:

**\$768.00 \$768.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.8 Priority creditor's name and mailing address

**Cotton, Glenda  
2481 Kurt Road  
Benton Harbor, MI 49022**

As of the petition filing date, the claim is:

**\$1,545.60 \$1,545.60***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.9 Priority creditor's name and mailing address

**Couplier, Kristania L.  
37075 Brynford Drive  
Clinton Township, MI 48036**

As of the petition filing date, the claim is:

**\$1,980.00 \$1,980.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.10 Priority creditor's name and mailing address

**Cowell, Lila L.  
16764 64th Street  
South Haven, MI 49090**

As of the petition filing date, the claim is:

**\$2,560.00 \$2,560.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.11	Priority creditor's name and mailing address <b>Cravens, Susan L.</b> <b>319 Prospect Street</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,153.84</b>	<b>\$6,153.84</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.12	Priority creditor's name and mailing address <b>Destanie Krugler</b> <b>75641 16th Ave., Lot 30</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$286.00</b>	<b>\$286.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.13	Priority creditor's name and mailing address <b>Diemer, Brenda S.</b> <b>07681 60th Street</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,760.00</b>	<b>\$1,760.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.14	Priority creditor's name and mailing address <b>Fischer, Anthony</b> <b>13228 Chestnut</b> <b>Southgate, MI 48195</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$8,461.60</b>	<b>\$8,461.60</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor **Graceway South Haven, LLC**

Case number (if known)

**21-44888**

Name

2.15 Priority creditor's name and mailing address

**Getman, SueAnn  
726 Francis Street  
South Haven, MI 49090**

As of the petition filing date, the claim is:

**\$3,720.00****\$3,720.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.16 Priority creditor's name and mailing address

**Goble, Erica R.  
8940 Danneffel Road  
Watervliet, MI 49098**

As of the petition filing date, the claim is:

**\$1,430.00****\$1,430.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.17 Priority creditor's name and mailing address

**Graham, Jennifer  
2900 Cleveland Avenue  
Saint Joseph, MI 49085**

As of the petition filing date, the claim is:

**\$6,923.08****\$6,923.08***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.18 Priority creditor's name and mailing address

**Gruppen, Ashley  
1953 W. 32nd Street  
Holland, MI 49423**

As of the petition filing date, the claim is:

**\$3,200.00****\$3,200.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.19	Priority creditor's name and mailing address <b>Heartfield, Vernitria</b> <b>848 Kalamazoo Street</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,278.40</b>	<b>\$2,278.40</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.20	Priority creditor's name and mailing address <b>Huitt, Mikayla K.</b> <b>68304 County Road 380</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$704.00</b>	<b>\$704.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.21	Priority creditor's name and mailing address <b>Hurn, Bryce C.</b> <b>13656 Deercreek Drive</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$643.50</b>	<b>\$643.50</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.22	Priority creditor's name and mailing address <b>Jackson, Latrice M.</b> <b>72300 Erika Way</b> <b>#306</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,560.00</b>	<b>\$2,560.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Graceway South Haven, LLC**  
Name

Case number (if known)

**21-44888**

2.23 Priority creditor's name and mailing address  
**Jackson, Pearlle**  
**972 Colonial Drive**  
**Benton Harbor, MI 49022**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,536.00** **\$1,536.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.24 Priority creditor's name and mailing address  
**Jensen, Kay**  
**01231 County Road 681**  
**Grand Junction, MI 49056**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,760.00** **\$1,760.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.25 Priority creditor's name and mailing address  
**Kroehler, Yvonne R.**  
**41365 30th Street**  
**Paw Paw, MI 49079**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$5,670.00** **\$5,670.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

2.26 Priority creditor's name and mailing address  
**Lambert, Richard G.**  
**3750 67th Street**  
**South Haven, MI 49090**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,215.00** **\$1,215.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**2.27 Priority creditor's name and mailing address  
**Little, Amber**  
**14 W. Bernard Street**  
**Hartford, MI 49057**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**\$1,675.00** **\$1,675.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.28 Priority creditor's name and mailing address  
**Marshall, Darcie M.**  
**2177 Ann Drive**  
**Saint Joseph, MI 49085**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**\$5,000.00** **\$5,000.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.29 Priority creditor's name and mailing address  
**Medrano-Calderon, Maria**  
**Del-Carmen**  
**35921 66th Street**  
**Bangor, MI 49013**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**\$2,137.60** **\$2,137.60**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes2.30 Priority creditor's name and mailing address  
**Middleton, Jamie**  
**75641 16th Avenue**  
**#30**  
**South Haven, MI 49090**As of the petition filing date, the claim is:  
*Check all that apply.*  
☐ Contingent  
☐ Unliquidated  
☐ Disputed**\$2,880.00** **\$2,880.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.31	Priority creditor's name and mailing address <b>Moore, Judy K.</b> <b>1415 Greenhouse Road</b> <b>Bangor, MI 49013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,115.39</b>	<b>\$5,115.39</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.32	Priority creditor's name and mailing address <b>Morrison, Maureen</b> <b>219 66th Street</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$704.38</b>	<b>\$704.38</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.33	Priority creditor's name and mailing address <b>Pate, Stephanie</b> <b>509 Broadway Street</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,286.40</b>	<b>\$1,286.40</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.34	Priority creditor's name and mailing address <b>Penny Kirby</b> <b>483 North West Street</b> <b>Coloma, MI 49038</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,248.00</b>	<b>\$2,248.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Wages</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.35 Priority creditor's name and mailing address

**Prewitt, Doretha**  
**1010 6th Avenue**  
**South Haven, MI 49090**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,436.50** **\$1,436.50**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.36 Priority creditor's name and mailing address

**Prim, Rhonda**  
**8940 Danneffel Road**  
**Watervliet, MI 49098**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$3,360.00** **\$3,360.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.37 Priority creditor's name and mailing address

**Raday, Kathryn A.**  
**75641 16th Avenue**  
**South Haven, MI 49090**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$2,736.00** **\$2,736.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

2.38 Priority creditor's name and mailing address

**Rawson, Rebecca**  
**57917 Territorial Road**  
**Lawrence, MI 49064**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$4,712.00** **\$4,712.00**

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☒ No  
☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.39	Priority creditor's name and mailing address <b>Reed, Aileen B.</b> <b>3201 Baseline Road</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,049.60</b>	<b>\$2,049.60</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.40	Priority creditor's name and mailing address <b>Rogers, Nicki J.</b> <b>69159 M-43</b> <b>South Haven, MI 49090</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$704.00</b>	<b>\$704.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.41	Priority creditor's name and mailing address <b>Rupczynski, Louise E.</b> <b>53693 28th Avenue</b> <b>Bangor, MI 49013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,287.60</b>	<b>\$1,287.60</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<hr/>				
2.42	Priority creditor's name and mailing address <b>Shivers, Teja-Nae S.</b> <b>2088 E. Empire Avenue</b> <b>Lot 219</b> <b>Benton Harbor, MI 49022</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$960.00</b>	<b>\$960.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Graceway South Haven, LLC**

Case number (if known)

**21-44888**

Name

2.43 Priority creditor's name and mailing address

**Sikes, Heaven R.  
8940 Danneffel Road  
Watervliet, MI 49098**

As of the petition filing date, the claim is:

**\$907.50****\$907.50***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.44 Priority creditor's name and mailing address

**Smith, Michelle L.  
505 55th Street  
Pullman, MI 49450**

As of the petition filing date, the claim is:

**\$2,256.00****\$2,256.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.45 Priority creditor's name and mailing address

**Steward, Nicole F.  
76610 34th Avenue  
Covert, MI 49043**

As of the petition filing date, the claim is:

**\$1,276.00****\$1,276.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes

2.46 Priority creditor's name and mailing address

**Utley, Brittany N.  
22 1/2 S. Center Street  
Hartford, MI 49057**

As of the petition filing date, the claim is:

**\$2,025.00****\$2,025.00***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)☒ No☐ Yes



Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

2.47	Priority creditor's name and mailing address <b>Ventura, Erika</b> <b>56560 M-43</b> <b>Bangor, MI 49013</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,334.50</b> <b>\$2,334.50</b>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

  

2.48	Priority creditor's name and mailing address <b>Yancy, Jennifer J.</b> <b>6119 Huron Street</b> <b>Coloma, MI 49038-9432</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,960.00</b> <b>\$4,960.00</b>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>A-1 Hood and Vent Cleaning</b> <b>2127 16th Street</b> <b>Hopkins, MI 49328</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>

  

3.2	Nonpriority creditor's name and mailing address <b>Ability Network Inc.</b> <b>Butler Square</b> <b>100 N. 6th Street, Ste. 900A</b> <b>Minneapolis, MN 55403</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$7,104.00</b>

  

3.3	Nonpriority creditor's name and mailing address <b>ACM Senior Living</b> <b>13228 Chestnut</b> <b>Southgate, MI 48195</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.4 Nonpriority creditor's name and mailing address****Action Plumbing & Mechanical, Inc.  
1134 Morren Court  
Wayland, MI 49348**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$3,685.55**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.5 Nonpriority creditor's name and mailing address****ADP  
330 E. Kilbourn Ave.  
Milwaukee, WI 53202**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,466.15**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.6 Nonpriority creditor's name and mailing address****Advanced Radiology Services  
P.O. Box 776446  
Chicago, IL 60677**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.7 Nonpriority creditor's name and mailing address****Advanced Vascular Surgery  
1815 Henson Avenue  
Kalamazoo, MI 49048**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$535.18**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.8 Nonpriority creditor's name and mailing address****Airgas USA, LLC  
P.O. Box 802576  
Chicago, IL 60680**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$154.50**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.9 Nonpriority creditor's name and mailing address****American Medical Equipment  
861 Taylor Rd., Ste. i  
Columbus, OH 43260**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$14,013.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.10 Nonpriority creditor's name and mailing address****American Medical Response of MI  
517 Division Ave S  
Grand Rapids, MI 49503**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$449.55**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
Name

Case number (if known) **21-44888**

**3.11 Nonpriority creditor's name and mailing address**

**American Mobile Dental**  
**24293 Telegraph Road**  
**Suite 212**  
**Southfield, MI 48033**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$225.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

**3.12 Nonpriority creditor's name and mailing address**

**Applied Imaging**  
**5555 Glenwood Hills Parkway SE**  
**Grand Rapids, MI 49512**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$1,265.55**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.13 Nonpriority creditor's name and mailing address**

**Arcadia Services, Inc.**  
**2300 Warrenville Road**  
**Suite 100**  
**Downers Grove, IL 60515**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$3,420.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.14 Nonpriority creditor's name and mailing address**

**Armstrong Nutrition Management**  
**101 Parkview Extension Drive**  
**Kittanning, PA 16201**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$21,369.35**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.15 Nonpriority creditor's name and mailing address**

**Ashley Wallace Properties, LLC**  
**13228 Chestnut**  
**Southgate, MI 48195**

Date(s) debt was incurred 3/1/2019; 4/11/2019

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$100,000.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Notes Payable

Is the claim subject to offset? ☒ No ☐ Yes

**3.16 Nonpriority creditor's name and mailing address**

**Assured Partners**  
**285 Cozzins Street**  
**Columbus, OH 43215**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.17 Nonpriority creditor's name and mailing address**

**Atrium Centers Inc.**  
**c/o Jonathan Martone**  
**151 S. Old Woodward Avenue**  
**Suite 200**  
**Birmingham, MI 48009**

Date(s) debt was Incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$233,860.18**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.18 Nonpriority creditor's name and mailing address****Automatic Door Service**  
**4549 40th Street SE**  
**Grand Rapids, MI 49512**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.19 Nonpriority creditor's name and mailing address****BankDirect Capital Finance**  
**P.O. Box 660448**  
**Dallas, TX 75266-0448**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☒
- Disputed

Basis for the claim: Insurance premium financingIs the claim subject to offset? ☒ No ☐ Yes**\$40,190.42****3.20 Nonpriority creditor's name and mailing address****Bardens Farm Market**  
**427 71st Street**  
**South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.21 Nonpriority creditor's name and mailing address****Best Way Disposal**  
**7901 Dan Smith Road**  
**Watervliet, MI 49098**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$7,296.00****3.22 Nonpriority creditor's name and mailing address****Bimbo Bakeries USA**  
**P.O. Box 842437**  
**Boston, MA 02284**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.23 Nonpriority creditor's name and mailing address****BioMedical Solutions, Inc.**  
**318 W. Wright Avenue**  
**Shepherd, MI 48883**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**Unknown****3.24 Nonpriority creditor's name and mailing address****Bob DeYoung**  
**1710 Baker Drive**  
**Kalamazoo, MI 49048**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.25 Nonpriority creditor's name and mailing address****Breeze Medical Equipment  
06899 44th Street  
Bloomington, MI 49026**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.26 Nonpriority creditor's name and mailing address****Bronson Methodist Hospital  
601 John Street  
Kalamazoo, MI 49007**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$25,337.00****3.27 Nonpriority creditor's name and mailing address****Bronson South Haven Hospital  
955 S Bailey Ave  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$115,493.37****3.28 Nonpriority creditor's name and mailing address****Brown & Bigelow  
345 Plato Boulevard East  
Saint Paul, MN 55107**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.29 Nonpriority creditor's name and mailing address****Browns Locksmith and Hardware  
2912 Niles Avenue  
Saint Joseph, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.30 Nonpriority creditor's name and mailing address****Busscher's Pumping, Inc.  
11305 E. Lakewood Boulevard  
Holland, MI 49424**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$300.00****3.31 Nonpriority creditor's name and mailing address****C & R's Out on a Limb Tree Care  
35005 66th Street  
Bangor, MI 49013**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

Debtor **Graceway South Haven, LLC**  
Name

Case number (if known) **21-44888**

3.32	Nonpriority creditor's name and mailing address <b>C.C. Communications Inc.</b> <b>29577 Costello Drive</b> <b>New Hudson, MI 48165</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.33	Nonpriority creditor's name and mailing address <b>Canney's Water Conditioning</b> <b>3712 Miller Road</b> <b>Kalamazoo, MI 49001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.34	Nonpriority creditor's name and mailing address <b>CareLinc Medical Equipment &amp; Supply</b> <b>89 54th Street S.W.</b> <b>Grand Rapids, MI 49548-5503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,715.26</b>
3.35	Nonpriority creditor's name and mailing address <b>Carmelo Scalzi</b> <b>28470 Herndonwood</b> <b>Farmington Hills, MI 48334</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.36	Nonpriority creditor's name and mailing address <b>Centsible Heating and Air-Conditioning</b> <b>6740 Red Arrow Highway</b> <b>Coloma, MI 49038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.37	Nonpriority creditor's name and mailing address <b>Certified Building Solutions</b> <b>1665 Holton Road</b> <b>Muskegon, MI 49445</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,761.00</b>
3.38	Nonpriority creditor's name and mailing address <b>Chippewa Valley, LLC</b>  <b>303 International Circle, Ste. 200</b> <b>Hunt Valley, MD 21030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>unpaid rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$566,478.75</b>

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

## 3.39 Nonpriority creditor's name and mailing address

**CHS Therapy**  
**7251 Engle Road, Ste. 350**  
**Cleveland, OH 44130**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$332,334.36**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.40 Nonpriority creditor's name and mailing address

**City of South Haven**  
**539 Phoenix Street**  
**South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$50,512.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.41 Nonpriority creditor's name and mailing address

**Clean Earth**  
**5189 King Highway**  
**Kalamazoo, MI 49048**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$3,055.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.42 Nonpriority creditor's name and mailing address

**CLM Enterprises Inc**  
**1971 East E. Street**  
**Suite 216**  
**Grand Rapids, MI 49525**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.43 Nonpriority creditor's name and mailing address

**Clog Squad**  
**3781 144th Avenue**  
**Hamilton, MI 49419**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.44 Nonpriority creditor's name and mailing address

**Coast to Coast**  
**101 Hodencamp Road**  
**Suite 120**  
**Thousand Oaks, CA 91360**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$5,558.98**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

## 3.45 Nonpriority creditor's name and mailing address

**Comcast**  
**P.O. Box 70219**  
**Philadelphia, PA 19176**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

**\$11,784.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Commercial Magazine Service of Holland</b> <b>P.O.Box 819</b> <b>Holland, OH 43528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$417.88</b>
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Confessco Fire Protection</b> <b>411 Ottawa Street</b> <b>Muskegon, MI 49442</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,643.00</b>
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Culligan Water</b> <b>314 Western Avenue</b> <b>Allegan, MI 49010</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,018.85</b>
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Cummins Sales and Service</b> <b>3715 Clay Avenue SW</b> <b>Grand Rapids, MI 49548</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,721.37</b>
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>D &amp; G Services LLC</b> <b>8988 116th Avenue</b> <b>West Olive, MI 49460</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>DeBest Inc.</b> <b>107 72nd Street</b> <b>South Haven, MI 49090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,150.98</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Dickinson Wright</b> <b>2600 West Big Beaver, Ste. 300</b> <b>Troy, MI 48084</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Legal Fees</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$65,000.00</b>



Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.53 Nonpriority creditor's name and mailing address****Direct Supply**  
**P.O. Box 88201**  
**Milwaukee, WI 53288**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$2,008.92**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.54 Nonpriority creditor's name and mailing address****DirectTV**  
**P.O. Box 5006**  
**Carol Stream, IL 60197**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$4,571.19**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.55 Nonpriority creditor's name and mailing address****Dover Grease Traps, Inc.**  
**16585 13 Mile Road**  
**Fraser, MI 48026**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$250.00**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.56 Nonpriority creditor's name and mailing address****EcoLab**  
**P.O. Box 70343**  
**Chicago, IL 60673**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$20,664.17**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.57 Nonpriority creditor's name and mailing address****ECS Solutions**  
**P.O.Box 402**  
**Tiffin, OH 44883**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$10,558.68**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.58 Nonpriority creditor's name and mailing address****Ern Hooten Entertainment Services**  
**1033 Washington Boulevard**  
**Lake Odessa, MI 48849**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**Unknown**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.59 Nonpriority creditor's name and mailing address****Fusion Medical Staffing**  
**P.O. Box 82674**  
**Lincoln, NE 68501-2674**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

**\$12,025.00**Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.60 Nonpriority creditor's name and mailing address****Gordon Food Service**  
**1350 Mall Drive**  
**Benton Harbor, MI 49022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$56,698.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.61 Nonpriority creditor's name and mailing address****Grainger**  
**3803 Roger B. Chaffee Memorial Blvd. SE**  
**Grand Rapids, MI 49548**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$29.70**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.62 Nonpriority creditor's name and mailing address****Grandview Healthcare, LLC**  
**d/b/a Grandview Pharmacy, c/o CVS**  
**Attn: Karen Dailey, Director of Credit**  
**444 N. 445h Street**  
**Phoenix, AZ 85008**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$121,955.01**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: GoodsIs the claim subject to offset? ☒ No ☐ Yes**3.63 Nonpriority creditor's name and mailing address****Griffin Pest Solutions**  
**1606 Monumentum Drive**  
**Chicago, IL 60689**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.64 Nonpriority creditor's name and mailing address****Harbor House Publishing**  
**221 Water Street**  
**Boyer City, MI 49712**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,840.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.65 Nonpriority creditor's name and mailing address****Haven Heating and Air Conditioning**  
**08600 M-140**  
**South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,146.89**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.66 Nonpriority creditor's name and mailing address****HD Supply Facilities Maintenance**  
**P.O. Box 509058**  
**San Diego, CA 92150**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$409.65**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

3.67	Nonpriority creditor's name and mailing address <b>Health Care Association of Michigan</b> <b>7413 Westshire Drive</b> <b>Lansing, MI 48917</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,451.46</b>
3.68	Nonpriority creditor's name and mailing address <b>HealthTeq Services</b> <b>1110 Brickell Avenue</b> <b>Suite 430</b> <b>Miami, FL 33131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranty on a Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$459,415.04</b>
3.69	Nonpriority creditor's name and mailing address <b>Heart Start Training Services</b> <b>5336 Azalea Street</b> <b>Portage, MI 49002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.70	Nonpriority creditor's name and mailing address <b>Heaven Scent</b> <b>5001 Carmody Road</b> <b>Coloma, MI 49038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.71	Nonpriority creditor's name and mailing address <b>Hobart Service Sales</b> <b>5775 East Cork Street</b> <b>Kalamazoo, MI 49048</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,298.32</b>
3.72	Nonpriority creditor's name and mailing address <b>Hospital Network Healthcare Services</b> <b>6212 American Avenue</b> <b>Portage, MI 49002</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,780.00</b>
3.73	Nonpriority creditor's name and mailing address <b>HPSI Purchasing Services</b> <b>P.O. Box 9382</b> <b>Wyoming, MI 49509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,958.72</b>

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

**3.74** Nonpriority creditor's name and mailing address

**IDEMIA**  
**6840 Carothers Parkway**  
**Suite 650**  
**Franklin, TN 37067**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.75** Nonpriority creditor's name and mailing address

**Infinisource Benefit Solutions**  
**P.O. Box 889**  
**Coldwater, MI 49036**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.76** Nonpriority creditor's name and mailing address

**JCCS Solutions**  
**612 Main Street**  
**Vermilion, OH 44089**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.77** Nonpriority creditor's name and mailing address

**Jenlar Products, Inc.**  
**P.O. Box 2541**  
**Warminster, PA 18974**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$267.14****3.78** Nonpriority creditor's name and mailing address

**Joerns Healthcare LLC**  
**P.O. Box 933733**  
**Atlanta, GA 31193**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$1,082.24****3.79** Nonpriority creditor's name and mailing address

**John Marion Kim, DMD, PC**  
**3102 Niles Road**  
**Saint Joseph, MI 49085**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.80** Nonpriority creditor's name and mailing address

**K&L Transport**  
**1015 Agard**  
**Benton Harbor, MI 49022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$4,362.50**

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

**3.81 Nonpriority creditor's name and mailing address**

KCI  
441 Wolf Ledges Parkway  
Suite 203  
Akron, OH 44311

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$6,123.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.82 Nonpriority creditor's name and mailing address**

Lakeland Community Hospital  
P.O. Box 27  
Saint Joseph, MI 49085

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,836.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.83 Nonpriority creditor's name and mailing address**

Lakeland Heart and Vascular  
P.O. Box 410  
Saint Joseph, MI 49085

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$486.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.84 Nonpriority creditor's name and mailing address**

Lakeland Hospital at Niles  
1234 Napier Avenue  
Saint Joseph, MI 49085

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,901.95**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.85 Nonpriority creditor's name and mailing address**

Lakeshore Landscape & Design  
P.O. Box 508  
South Haven, MI 49090

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,600.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.86 Nonpriority creditor's name and mailing address**

Lakeshore Plumbing & Septic  
P.O.Box 642  
South Haven, MI 49090

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$600.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.87 Nonpriority creditor's name and mailing address**

Langfords Refrigeration  
2482 54th Street  
Fennville, MI 49408

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$179.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

3.88 Nonpriority creditor's name and mailing address

Life EMS  
1275 Cedar Street NE  
Grand Rapids, MI 49503

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.89 Nonpriority creditor's name and mailing address

Living Design Inc.  
47015 SD Highway 44  
Worthing, SD 57077

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

\$1,822.91

3.90 Nonpriority creditor's name and mailing address

Lodge Vision  
S2634 County Road BD  
Suite 1  
Baraboo, WI 53913

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

\$145.60

3.91 Nonpriority creditor's name and mailing address

Mall City Mechanical  
7184 Douglas Avenue  
Kalamazoo, MI 49009

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

\$1,906.00

3.92 Nonpriority creditor's name and mailing address

Matthew Barber  
4101 Broadway Street  
Pekin, IL 61554

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.93 Nonpriority creditor's name and mailing address

Medica 1 Community Emergency Service  
P.O. Box 1563  
Benton Harbor, MI 49023

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

\$215.00

3.94 Nonpriority creditor's name and mailing address

Medical Diagnostics Services Inc.  
4479 Pontiac Lake Road  
Suite 1D  
Waterford, MI 48328

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

\$80.00

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.95 Nonpriority creditor's name and mailing address****Medical Solutions LLC**  
**1010 N. 102nd Street**  
**Suite 300**  
**Omaha, NE 68114**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$11,907.50**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.96 Nonpriority creditor's name and mailing address****Menards**  
**125 73rd Street**  
**South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.97 Nonpriority creditor's name and mailing address****Michael Schaeffer**  
**1917 Fruitwood Drive NW**  
**Grand Rapids, MI 49504**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.98 Nonpriority creditor's name and mailing address****Michael Shotts**  
**7604 Red Arrow Hwy.**  
**Suite 174**  
**Watervliet, MI 49098**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.99 Nonpriority creditor's name and mailing address****Michigan Department**  
**of Health and Human Services**  
**333 S. Grand Ave.**  
**PO Box 30195**  
**Lansing, MI 48909**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$910,000.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.100 Nonpriority creditor's name and mailing address****Michigan Gas Utilities**  
**P.O. Box 3140**  
**Milwaukee, WI 53201**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.101 Nonpriority creditor's name and mailing address****Midwest Food Equipment**  
**3310 Redmond Ave**  
**Kalamazoo, MI 49001**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Miltech Inc.</b> <b>3776 Division Avenue</b> <b>Wayland, MI 49348</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$349.00</b>
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Mobilex USA</b> <b>P.O. Box 17462</b> <b>Baltimore, MD 21297</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,438.32</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>NexGen MDx</b> <b>801 Broadway Ave. NW Unit 203</b> <b>Grand Rapids, MI 49504</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,000.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>No-Spin Services, LLC</b> <b>62795 8th Avenue</b> <b>South Haven, MI 49090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,981.00</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Norman Maly, DDS</b> <b>05055 Bluestar Highway</b> <b>South Haven, MI 49090</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Northview Health Specialists Medical</b> <b>3402 Jules Lillian Drive NE</b> <b>Grand Rapids, MI 49525</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000.00</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>One America</b> <b>P.O. Box 6123</b> <b>Indianapolis, IN 46206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>Trade debt</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>



Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888**

3.109	Nonpriority creditor's name and mailing address <b>One Staff Medical</b> <b>11718 Nicholas Street</b> <b>Omaha, NE 68102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$62,790.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address <b>Optima Healthcare Solutions</b> <b>4229 SW High Meadows Avenue</b> <b>Palm City, FL 34990</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$4,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address <b>Orbit Medical</b> <b>332 E. 3300 South</b> <b>Suite 200</b> <b>Salt Lake City, UT 84115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$195.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address <b>Paycor</b> <b>4811 Montgomery Road</b> <b>Cincinnati, OH 45212</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$136.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address <b>Performance Health Supply</b> <b>28100 Torch Parkway</b> <b>Suite 700</b> <b>Warrenville, IL 60555</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$144.16</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address <b>Pitney Bowes</b> <b>P.O. Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$297.34</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address <b>Plummers Waste Group</b> <b>4750 Clyde Park Avenue SW</b> <b>Suite A</b> <b>Wyoming, MI 49509</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.116 Nonpriority creditor's name and mailing address****PointClickCare**  
**120 Corporate Woods, Ste. 250**  
**Rochester, NY 14623**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$4,300.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.117 Nonpriority creditor's name and mailing address****Prairie Farms**  
**126 Brady Road**  
**Battle Creek, MI 49037**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.118 Nonpriority creditor's name and mailing address****PrideCare Ambulance**  
**P.O. Box 2288**  
**Kalamazoo, MI 49003**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$3,000.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.119 Nonpriority creditor's name and mailing address****Prifogle Group, LLC**  
**911 Hearthside Court**  
**Brownsburg, IN 46112**Date(s) debt was incurred Guaranty of Note

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$100,000.00**

- ☒
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.120 Nonpriority creditor's name and mailing address****Priority Health**  
**3915 Momentum Place**  
**Chicago, IL 60689**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.121 Nonpriority creditor's name and mailing address****Professional Medical, Inc.**  
**P.O Box 1243**  
**Bedford Park, IL 60499**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$7,415.00**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.122 Nonpriority creditor's name and mailing address****QCI Healthcare**  
**2805 Coit Avenue NE**  
**Grand Rapids, MI 49505**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$1,069.25**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
Name

Case number (if known) **21-44888**

**3.123** Nonpriority creditor's name and mailing address

**Quality Air**  
**41930 Joy Road**  
**Plymouth, MI 48170**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$908.00**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

**3.124** Nonpriority creditor's name and mailing address

**Redmon Heating and Cooling**  
**3736 28th Street SW**  
**Grandville, MI 49418**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**\$350.82**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

**3.125** Nonpriority creditor's name and mailing address

**Reliance Standard**  
**P.O. Box 82510**  
**Lincoln, NE 68501**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.126** Nonpriority creditor's name and mailing address

**Republic Services**  
**2471 Wilshire Drive**  
**Jenison, MI 49428**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes

**3.127** Nonpriority creditor's name and mailing address

**Ricoh**  
**P.O. Box 650016**  
**Dallas, TX 75265**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

**3.128** Nonpriority creditor's name and mailing address

**Rose Pest Control**  
**P.O. Box 309**  
**Troy, MI 48099**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

**3.129** Nonpriority creditor's name and mailing address

**Roys Computer Repair**  
**04074 CR 215**  
**P.O. Box 7**  
**Grand Junction, MI 49056**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

**Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debt

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**  
NameCase number (if known) **21-44888****3.130 Nonpriority creditor's name and mailing address****Sarrett Nature Center  
2300 Benton Center Road  
Benton Harbor, MI 49022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.131 Nonpriority creditor's name and mailing address****Scott Robbins  
6885 Ravine Road  
Kalamazoo, MI 49009**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.132 Nonpriority creditor's name and mailing address****Secure Care Systems, Inc.  
6968 Engle Road  
Cleveland, OH 44130**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.133 Nonpriority creditor's name and mailing address****Senior Vision Services  
10826 Old Mill Road  
Suite 101  
Omaha, NE 68154**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.134 Nonpriority creditor's name and mailing address****Sentimental Reflections  
P.O. Box 14716  
Cincinnati, OH 45250**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$126.00****3.135 Nonpriority creditor's name and mailing address****Serenity Aquarium & Aviary Services  
7260 Commerce Plaza Drive  
Neenah, WI 54956**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$3,189.90****3.136 Nonpriority creditor's name and mailing address****Shoreline Ortho & Sports Medicine Clinic  
370 N. 120th Avenue  
Suite 20  
Holland, MI 49424**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$63.22**

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

**3.137 Nonpriority creditor's name and mailing address****Silita Gist  
120 Baseline Road  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.138 Nonpriority creditor's name and mailing address****SLI Custom Signs & Apparel  
5981 Telegraph Road  
Toledo, OH 43612**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.139 Nonpriority creditor's name and mailing address****SNF Receivable Solutions, LLC  
P.O. Box 216  
Thonotosassa, FL 33592**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$12,072.55****3.140 Nonpriority creditor's name and mailing address****South Haven Area Ambulance  
P.O. Box 2122  
Riverview, MI 48193**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$7,004.53****3.141 Nonpriority creditor's name and mailing address****South Haven Area Chamber of Commerce  
606 Phillips Street  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.142 Nonpriority creditor's name and mailing address****Southeastern Equipment & Supply  
1919 Old Dunbar Road  
West Columbia, SC 29172**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown****3.143 Nonpriority creditor's name and mailing address****Southwestern MI Emergency Services  
P.O. Box 808  
Grand Rapids, MI 49518**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**\$1,792.11**

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

**3.144 Nonpriority creditor's name and mailing address****Spectrum Health Hospitals  
P.O. Box 2127  
Grand Rapids, MI 49501**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,245.60**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.145 Nonpriority creditor's name and mailing address****Spoon Man Inc.  
P.O. Box 53  
Jenison, MI 49429**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.146 Nonpriority creditor's name and mailing address****Staples  
P.O. Box 660409  
Dallas, TX 75266**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.147 Nonpriority creditor's name and mailing address****TEED Heating and Cooling  
340 Washington Street  
P.O. Box 390  
Coloma, MI 49038**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.148 Nonpriority creditor's name and mailing address****Thatcher Computer Consulting  
4211 Okemos Road  
Suite 15  
Okemos, MI 48864**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$8,707.42**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**3.149 Nonpriority creditor's name and mailing address****The Rapid Group, LLC  
P.O. Box 248  
Grandville, MI 49468**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***Unknown**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**3.150 Nonpriority creditor's name and mailing address****The Rose Shop  
764 Lagrange Street  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$218.95**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

3.151 Nonpriority creditor's name and mailing address

**The Strum Bums  
4040 Fikes Road  
Benton Harbor, MI 49022**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.152 Nonpriority creditor's name and mailing address

**TNT Home Services LLC  
09521 35th Street  
Gobles, MI 49055**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.153 Nonpriority creditor's name and mailing address

**Total Fire and Security, LLC  
5062 Kendrick Court SE  
Grand Rapids, MI 49512**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$22,914.53**

3.154 Nonpriority creditor's name and mailing address

**Tyrell and Natalie Peterson  
1278 Haverhill Drive  
Plymouth, MI 48170**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.155 Nonpriority creditor's name and mailing address

**Universal Printing Solutions  
10573 West Pico Boulevard  
Suite 610  
Los Angeles, CA 90064**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

3.156 Nonpriority creditor's name and mailing address

**VBEMS Inc.  
P.O. Box 33726  
Detroit, MI 48232**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$6,536.55**

3.157 Nonpriority creditor's name and mailing address

**Veronica Heartfield  
120 Baseline Road  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_

Is the claim subject to offset? ☒ No ☐ Yes**Unknown**

Debtor **Graceway South Haven, LLC**Case number (if known) **21-44888**

Name

3.158 Nonpriority creditor's name and mailing address

**Wolverine ACE Hardware  
530 Huron Street  
South Haven, MI 49090**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$2,042.54**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes

3.159 Nonpriority creditor's name and mailing address

**Wolverine Power Systems  
3229 80th Avenue  
Zeeland, MI 49464**

Date(s) debt was incurred \_

Last 4 digits of account number \_

As of the petition filing date, the claim is: *Check all that apply.***\$362.79**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1 **Omega Healthcare Investors, Inc.  
Alex Pirigyi  
303 International Circle, Ste. 200  
Cockeysville, MD 21030**

Line 3.38☐ Not listed. Explain \_\_\_\_\_**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **120,091.49**5b. + \$ **3,580,042.40**5c. \$ **3,700,133.89**